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SMALL ENTITY

67395 7590

APPLN. TYPE

08/05/2009

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Christine Cuffe	(Depositor's astare)
Clistin Cube	(Situature)
10-26-09	(Date)

TOTAL PEE(S) DUE

DATE DUE

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APPLICATION NO.	FILING DATE	First named inventor ·	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/534,930	12/22/2005	Marcus Patrick Carey	016434.096302	3672

PUBLICATION FEE DUE

TITLE OF INVENTION: METHOD OF SURGICAL REPAIR OF VAGINA DAMAGED BY PELVIC ORGAN PROLAPSE AND PROSTHETIC MATÉRIALS AND DEVICES SUITABLE FOR USE THEREIN

ISSUE FEE DUE

nonprovisional	3	NO	\$1510	\$300	\$0	\$1810	11/05/2009
EXA	AINER.		ART UNIT	CLASS-SUBCLASS			
PATEL	TARLA	R	3772	128-834000		•	
1. Change of correspond CFR 1.363). Change of correspond Address form PTO/S "Fee Address" in PTO/SB/47; Rev 03- Number is required 3. ASSIGNEE NAME A PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI	pondence B/122) a dication 02 or manner and RE dicas an th in 37 of	dress or indication address (or Chattached, (or "Fee Address ore recent) attach SIDENCE DATA assignce is ident	n of 'Fee Address' (37 nge of Correspondence ' Indication form red. Use of a Curstomer A TO BE PRINTED ON ' iffed below, no assignee	2. For printing on the p (1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attoristed, no name will be the PATENT (print or type data will appear on the property of the printing of th	3 registered patent attorneys rely. 2 firm (having \$27 deffffer I gent) and the names of up to meys or agents. If no rame is printed. 20 FC-1594 atent. If an assignee is identification of the printed is a state of the printed in	3 1510 AA 3AA AA fied below, the di	DA
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